

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		20	8/13
FORMALITY REVIEW	2 A	1120	9-5-01
RESPONSE FORMALITY REVIEW	ph	1030	10-10-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6-28-02
2	✓	✓	6-28-02
3	✓	✓	6-28-02
4	✓	✓	6-28-02
5	✓	✓	6-28-02
6	✓	✓	6-28-02
7	✓	✓	6-28-02
8	✓	✓	6-28-02
9	✓	✓	6-28-02
10	✓	✓	6-28-02
11	✓	✓	6-28-02
12	✓	✓	6-28-02
13	✓	✓	6-28-02
14	✓	✓	6-28-02
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30	✓	✓	6-28-02
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46	✓	✓	6-28-02
47	✓	✓	6-28-02
48	✓	✓	6-28-02
49	✓	✓	6-28-02
50	✓	✓	6-28-02

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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949  
 9/1/01  
 612  
 10-10-01